



# Volunteer Application

Missouri School for the Blind

3815 Magnolia Avenue

St. Louis, MO 63110

314-776-4320

www.msb.dese.mo.gov

## PERSONAL DATA

Name

(Last)

(First)

(Middle Initial)

Address

City, State & Zip Code

Home Phone #

(Area Code)

Work Phone #

(Area Code)

Email address:

Gender:

M

F

Date of Birth

Social Security #

In emergency, notify

at

(Phone #)

## EMPLOYMENT

Current Employer

Job Title

## EDUCATION

Last grade completed: 6 7 8 9 10 11 12 Some College College Graduate Graduate School

Are you presently attending school? Yes No If yes, please give school name & address below:

School

Address

Name of Volunteer Coordinator

**VOLUNTEER DATA**

**PREFERRED ACTIVITY** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

If you are available on a regular basis, please note the days and times on the chart below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Months of availability \_\_\_\_\_ through \_\_\_\_\_

If you are available only on a periodic basis or for special or sporting events, please note approximate days, dates and times:

\_\_\_\_\_

If your volunteer work fulfills a community service requirement, please check here: ☐

Signature of Volunteer Applicant \_\_\_\_\_

Date \_\_\_\_\_

Please note volunteer applicants may be subject to background checks through the Missouri Department of Social Services.

*Thank you for thinking of Missouri School for the Blind*